Case: 1:08-cv-06060 Document #: 36-12 Filed: 08/27/09 Page 1 of 1 PageID #:222 EXHIBIT CHEMICAL DEPENDENCY TREATMENT PLAN 1. Associate agrees to no use of controlled or illicit drugs (except prescription medication as prescribed by their physician) at least throughout the counseling/treatment period. This is to include all forms of alcohol. (Note: This is required of all individuals involving chemical abuse issues.) Start Date: 9/18/2006 End Date: One year from 1st date of service 2. Associate agrees to participate in and complete a substance abuse program including following all recommendations of substance abuse program. (Note: This is required in Care Referral involving chemical abuse issues and must specify the type/name of program). Contact Person/Program Name: Carol Russell Address: Phone: 3. Will Participate In: **XXX** 12 Step Meetings weeks 2 per week 12 **Group Sessions** per week weeks - Education Sessions per week weeks' Individual Sessions per month : 2 or /.months more **Family Sessions** per week weeks. Aftercare per week weeks Start Date: 11/01/06 End Date: 2/01/07 4. Associate agrees to participate in and complete all elements of treatment plan and aftercare plan recommended at the completion of the initial treatment phase. 5. Associate agrees to participate in monthly telephonic contact with the CARE program Care Coordinator at the completion of the initial treatment phase. End Date: one year from 1st date of service Treatment plan will be regularly reviewed and revised throughout the treatment process to meet the clinical needs of the associate. Signature on this plan indicates understanding of the need to complete each step within time frame of above listed steps. It is also understood that non-compliance with this plan. time frames, or failure to stay in touch with the CARE Program counselor, or any new instance of a positive drug screen may result in further disciplinary action per employer's policy. Counselor

Date

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Magellan Case#